

168.23255 18/47

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

**CINCINNATI INSURANCE
COMPANY,**

Plaintiff,

vs.

**BLUE CAB COMPANY, INC. and
ROSE M. WASHINGTON-SANDERS,**

Defendants.

**Case no. 11-CV-02055
Judge Joan Lefkow**

**RESPONSE TO CINCINNATI INSURANCE COMPANY'S
FIRST SET OF REQUEST FOR ADMISSIONS**

Defendant, BLUE CAB COMPANY, INC., by and through its attorneys, Tribler, Orpett & Meyer, P.C., states the following answers to the first set of requests for admissions propounded by CINCINNATI INSURANCE COMPANY:

Request No. 1: Blue Cab Company, Inc. was not in the business of operating a car or truck dealership in or about September 2007.

ANSWER: Admitted.

Request No. 2: Blue Cab Company, Inc. was not in the business of operating a gas station in or about September 2007.

ANSWER: Admitted.

Request No. 3: Blue Cab Company, Inc. was not in the business of operating a car wash in or about September 2007.

ANSWER: Admitted.



Request No. 4: Blue Cab Company, Inc. was not in the business of operating an auto repair shop in or about September 2007.

ANSWER: Denied.

Request No. 5: Blue Cab Company, Inc. was not in the business of operating an auto body or detailing shop in or about September 2007.

ANSWER: Denied.

Request No. 6: Blue Cab Company, Inc. was not in the business of providing towing services in or about September 2007.

ANSWER: Admitted.

Request No. 7: Blue Cab Company, Inc. was not in the business of selling tires in or about September 2007.

ANSWER: Admitted.

Request No. 7 [sic]: Blue Cab Company, Inc. was not in the business of providing parking places or valet parking services in or about September 2007.

ANSWER: Denied.

Request No. 8: M & C Motors, Inc. and Blue Cab Company, Inc. were separate corporations in or about September 2007.

ANSWER: Admitted.

Request No. 9: M & C Motors, Inc. and Blue Cab Company, Inc. filed separate annual reports with the Illinois Secretary of State for the year 2007.

ANSWER: Admitted.

Request No. 10: M & C Motors, Inc.'s business operated independently of the taxi dispatch services provided by Blue Cab Company, Inc. in or about September 2007.

ANSWER: Denied.

Request No. 11: M & C Motors, Inc. and Blue Cab Company, Inc. provided different services in or about September 2007.

ANSWER: Denied.

Request No. 12: M & C Motors, Inc. and Blue Cab Company, Inc. had separate customers in or about September 2007.

ANSWER: Denied.

Request No. 13: M & C Motors, Inc. and Blue Cab Company, Inc. owned separate equipment in or about September 2007.

ANSWER: Denied.

Request No. 14: M & C Motors, Inc. did not use any of the equipment owned by Blue Cab Company, Inc. to operate the business of M & C Motors, Inc. in or about September 2007.

ANSWER: Denied.

Request No. 15: Blue Cab Company, Inc. did not use any of the equipment owned by M & C Motors, Inc. to operate the business of Blue Cab Company, Inc. in or about September 2007.

ANSWER: Denied.

Request No. 16: Blue Cab Company, Inc.'s taxi dispatch services were not used by M & C Motors, Inc. in or about September 2007.

ANSWER: Denied.

Request No. 17: M & C Motors, Inc. did not need Blue Cab Company's taxi dispatch services to operate the business of M & C Motors, Inc. in or about September 2007.

ANSWER: Admitted.

Request No. 18: Blue Cab Company, Inc. did not need M & C Motors, Inc.'s services to operate the business of Blue Cab Company, Inc. in or about September 2007.

ANSWER: Denied.

Request No. 19: Rose Washington-Sanders accident was not connected in any way to the business of M & C Motors, Inc.

ANSWER: Denied.

Request No. 20: Rose Washington-Sanders accident was not caused by the business of M & C Motors, Inc.

ANSWER: Denied.

Request No. 21: Blue Cab Company, Inc.'s dispatch of Thomas McFadden or Thomas McFadden's taxi to Rose Washington-Sanders on September 23, 2007 was not related to the business of M & C Motors, Inc.

ANSWER: Denied.

Request No. 22: M & C Motors, Inc. was not involved in any way in the dispatch of Thomas McFadden or Thomas McFadden's taxi to Rose Washington-Sanders on September 23, 2007.

ANSWER: Denied.

Request No. 23: Rose Washington-Sanders' injuries were not caused by any aspect of the business of M & C Motors, Inc.

ANSWER: Denied.

BLUE CAB COMPANY, INC.

By: 

One of its attorneys

Stephen S. Weiss
Tribler, Orpett & Meyer, P.C.
225 W. Washington St., Suite 1300
Chicago, Illinois 60606
Telephone: (312) 201-6400
Facsimile: (312) 201-6401

CERTIFICATE OF SERVICE

I herby certify that on December 16, 2011, I mailed a copy of the foregoing **Blue Cab's Response to Request to Admit Facts** to the following parties by placing the same in a designated box operated by the U.S. Postal Service at 225 W. Washington Street, in Chicago, Illinois before 5:00 p.m.

Larry Rogers
Power Rogers & Smith
70 W. Madison Street
Suite 5500
Chicago, IL 60602
312/236-9381
lrogers@prslaw.com

Hope Nightingale
Litchfield & Cavo
303 W. Madison Street
Suite 300
Chicago, IL 60606
312-781-6614
nightingale@litchfieldcavo.com



Stephen S. Weiss

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Telephone: (312) 201-6400
Facsimile: (312) 201-6401

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT - LAW DIVISION

ROSE M. WASHINGTON-SANDERS,

Plaintiff,

v.

THOMAS MCFADDEN, Individually and as
an agent and/or employee of BLUE CAB CO.,
INC., and BLUE CAB CO., INC.,
an Illinois Corporation,

Defendants.

No. 07 L 013584

DOUGHTY BROWN
CLERK

FILED-1
08 OCT 21 PM 3:42
CIRCUIT COURT OF COOK
COUNTY, ILLINOIS
LAW DIVISION

**PLAINTIFF'S ANSWERS TO INTERROGATORIES
PROPOUNDED BY DEFENDANTS**

NOW COMES the Plaintiff, ROSE M. WASHINGTON-SANDERS, by her attorneys,
POWER ROGERS & SMITH, P.C., and in response to the Interrogatories propounded by
Defendants THOMAS MCFADDEN, individually and as an Agent and/or employee of BLUE
CAB CO., INC., and BLUE CAB CO., INC., an Illinois Corporation, states as follows:

1. State your full name, as well as your current residence address, date of birth,
marital status, driver's license number and issuing state, and social security number.

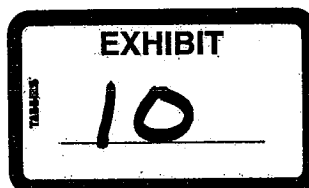
Answer:

Name: Rose M. Washington-Sanders
Address: 1040 Ontario Street, #2I, Oak Park, IL 60302
Date of Birth: [REDACTED]
Marital Status: Divorced
Driver's License Number and Issuing State: IL W252-7334-7753
Social Security Number: [REDACTED]

2. State the full name and current residence address of each person who witnessed or
claims to have witnessed the occurrence that is the subject of this suit (hereinafter referred to
simply as the occurrence).

Answer:

According to the relevant Illinois Traffic Crash Report, the following
persons were present at the scene of the occurrence:



Ex 1

Rose M. Washington-Sanders
1040 Ontario Street, #21
Oak Park, IL 60302

Thomas McFadden
1618 S. Home
Berwyn, IL 60402

Investigation continues.

3. State the full name and current residence address of each person, not named in Interrogatory No. 2 above, who was present and/or claims to have been present at the scene immediately before, at the time of, and/or immediately after the occurrence.

Answer: Medical Personnel
Oak Park Ambulance Number 613
100 N Euclid Ave
Oak Park, IL 60301

Medical Personnel
Oak Park Ambulance Number 612
100 N Euclid Ave
Oak Park, IL 60301

Oak Park Police Department
Officer #420
123 Madison St
Oak Park, IL 60302

O'Hare Towing
2139 North Mannheim Road
Northlake, IL 60164

Investigation continues.

4. As a result of the occurrence, were you made a defendant in any criminal or traffic case? If so, state the court, the caption, the case number, the charge or charges filed against you, whether you pleaded guilty thereto and the final disposition.

Answer: No.

5. Describe the personal injuries sustained by you as a result of the occurrence.

Answer: I suffered two broken wrists that required surgical repair, implants and casts, two fractured femurs which required surgical repair and implants, a fractured ankle which required surgical repair, implants, a fixator, and

skin grafting, and multiple abrasions and contusions. I suffered severe pain, and required extensive hospitalization and physical therapy for my injuries.

6. With regard to your injuries, state:

- (a) The name and address of each attending physician and/or other health care professional;
- (b) The name and address of each consulting physician and/or other health care professional;
- (c) The name and address of each person and/or laboratory taking any x-ray, MRI and/or other radiological tests of you;
- (d) The date or inclusive dates on which each of them rendered you service;
- (e) The amounts to date of their respective bills for services; and
- (f) From which of them you have written reports.

Answer:

(a-d) **Village of Oak Park**
Ambulance 613
P.O. Box 1368
Elmhurst, IL 60126

09/23/07 Extrication and ALS Transport to Loyola Medical Center

Loyola University Medical Center
2160 S. First Avenue
Maywood, IL 60153

Dates: 09/23/07 - 10/08/07 Admission, 10/16/07, 11/15/07

Superior Air Ground Ambulance, Inc.
P.O. Box 1407
Elmhurst, IL 60126

Dates: 10/08/07, 10/16/07, 11/05/07, 11/15/07, 11/21/07, 11/26/07

West Suburban Medical Center
3 Erie Court
Oak Park, IL 60302

Date(s): 10/08/07 - 02/15/08 Admission

- (e) Please see Plaintiff's Medical Summary attached as Exhibit A.
- (f) None at the present time.

7. As a result of your personal injuries, were you a patient or outpatient in any hospital and/or clinic? If so, state the names and addresses of all hospitals and/or clinics, the amounts of their respective bills and the date or inclusive dates of their services.

Answer: Please see Plaintiff's answer to interrogatory number six (6).

8. As a result of your personal injuries, were you unable to work? If so, state:

- (a) The name and address of your employer, if any, at the time of the occurrence, your wage and/or salary, and the name of your supervisor and/or foreperson;
- (b) The date or inclusive dates on which you were unable to work;
- (c) The amount of wage and/or income loss claimed by you; and
- (d) The name and address of your present employer and your wage and/or salary.

Answer:

- (a) Name of past/current employer: American College of Surgeons
Address of employer: 633 N. Saint Clair Street, Chicago, IL 60611
Supervisor/Foreperson: Jacquelyn Mitchell
Salary at the time of the occurrence: Approximately \$42,000.00/yr
- (b) I was unable to work from September 23, 2007 through April of 2008. I worked from home from April of 2008 through July of 2008 and started to return to office work in July of 2008. I now work hourly on an average of 3 days per week.
- (c) I used up all of my accumulated vacation and sick time from September 23, 2007 through July of 2008 and then went back to work hourly for fewer days per week with an additional reduction of hours per day. As a result of the occurrence and my injuries I am no longer able to work full time.
- (d) Name current employer: American College of Surgeons
Address of employer: 633 N. Saint Clair Street, Chicago, IL 60611
Supervisor/Foreperson: Jacquelyn Mitchell
Current wage: Approximately \$15.00 per hour. I average working about three days per week. The hours that I work per day vary because I must attend physician appointments and physical therapy.

9. State any and all other expenses and/or losses you claim as a result of the occurrence. As to each expense and/or loss, state the date or dates it was incurred, the name of the person, firm and/or company to whom such amounts are owed, whether the expense and/or loss in question has been paid and, if so, by whom it was so paid, and describe the reason and/or purpose for each expense and/or loss.

Answer: I incurred additional expenses for prescription medication. I also incurred expenses for the purchase of a shower bench, a commode, wheelchair rental, walker rental, purchase of a hand bike to perform physical therapy exercises at home, and a lift chair. Additionally, I incurred a plumbing bill of approximately \$150.00 to re-install my sink after it was ripped off the wall because I was trying to use it for support to move around the bathroom. The hand bike was purchased at a GNC for around \$30.00. The lift chair was purchased at a Value City for approximately \$600.00. I am currently trying to locate the receipts for these items. Please see also Plaintiff's medical summary attached as Exhibit A.

10. Had you suffered any personal injury or prolonged, serious and/or chronic illness prior to the date of the occurrence? If so, state when and how you were injured and/or ill, where you were injured and/or ill, describe the injuries and/or illness suffered, and state the name and address of each physician, or other health care professional, hospital, and/or clinic rendering you treatment for each injury and/or chronic illness.

Answer: No.

11. Are you claiming any psychiatric, psychological and/or emotional injuries as a result of this occurrence? If so, state:

- (a) The name of any psychiatric, psychological and/or emotional injury claimed, and the name and address of each psychiatrist, physician, psychologist, therapist or other health care professional rendering you treatment for each injury;
- (b) Whether you had suffered any psychiatric, psychological and/or emotional injury prior to the date of the occurrence; and
- (c) If (b) is in the affirmative, please state when and the nature of any psychiatric, psychological and/or emotional injury, and the name and address of each psychiatrist, physician, psychologist, therapist or other health care professional rendering you treatment for each injury.

Answer: No.

12. Have you suffered any personal injury or prolonged, serious and/or chronic illness since the date of the occurrence? If so, state when you were injured and/or ill, where and how you were injured and/or ill, describe the injuries and/or the illness suffered, and state the name and address of each physician or other health care professional, hospital and/or clinic rendering you treatment for each injury and/or chronic illness.

Answer: None other than those related to the occurrence in question.

13. Have you ever filed any other suits for your own personal injuries? If so, state the nature of the injuries claimed, the courts and the captions in which filed, the years filed, and the titles and docket numbers of the suits.

Answer: No.

14. Have you ever filed a claim for and/or received any worker's compensation benefits? If so, state the name and address of the employer against whom you filed for and/or received benefits, the date of the alleged accident or accidents, the description of the alleged accident or accidents, the description of the alleged accident or accidents, the nature of your injuries claimed and the name of the insurance company, if any, who paid any such benefits.

Answer: No.

15. Were any photographs, movies and/or videotapes taken of the scene of the occurrence or of the persons and/or vehicles involved? If so, state the date or dates on which such photographs, movies and/or videotapes were taken, the subject thereof, who now has custody of them, and the name, address, occupation and employer of the person taking them.

Answer: None known.

16. Have you (or has anyone acting on your behalf) had any conversations with any person at any time with regard to the manner in which the occurrence complained of occurred, or have you overheard any statements made by any person at any time with regard to the injuries complained of my plaintiff or to the manner in which the occurrence complained of occurred? If the answer to this interrogatory is in the affirmative, state the following:

- (a) The date or dates of such conversations and/or statements;
- (b) The place of such conversation and/or statements;
- (c) All persons present for the conversations and/or statements;
- (d) The matters and things stated by the person in the conversations and/or statements;
- (e) Whether the conversation was oral, written and/or recorded; and
- (f) Who has possession of the statement if written and/or recorded.

Answer: No.

17. Do you know of any statements made by any person relating to the occurrence? If so, give the name and address of each such witness, the date of the statement, and state whether such statement was written and/or oral.

Answer: None other than those statements which may be contained within the relevant Illinois Traffic Crash Report and those statements which may be contained within Plaintiff's medical records as related to the occurrence in question.

18. Had you consumed any alcoholic beverage within 12 hours immediately prior to the occurrence? If so, state the names and addresses of those from whom it was obtained, where it was consumed; the particular kind and amount of alcoholic beverage so consumed by you, and the names and current residence addresses of all persons known by you to have knowledge concerning the consumption of alcoholic beverages.

Answer: No.

19. Have you ever been convicted of a misdemeanor involving dishonesty, false statement or a felony? If so, state the nature thereof, the date of the conviction, and the court and the caption in which the conviction occurred. For the purpose of this interrogatory, a plea of guilty shall be considered as a conviction.

Answer: No.

20. Had you used any drugs or medications within 24 hours immediately prior to the occurrence? If so, state the names and addresses of those from whom it was obtained, where it was used, the particular kind and amount of drug or medication so used by you, and the names and current residence addresses of all persons known by you to have knowledge concerning the use of said drug or medication.

Answer: None.

21. Have you received any payment and/or other consideration from any source in compensation for the injuries alleged in your complaint? If your answer is in the affirmative, state:

- (a) The amount of such payment and/or other consideration received;
- (b) The name of the person, firm, insurance company and/or corporation making such payment or providing other consideration and the reason for the payment and/or other consideration; and
- (c) Whether there are any documents evidencing such payment and/or other consideration received.

Answer: No.

22. State the name and address of the registered owner of each vehicle involved in the occurrence.

Answer: According to the relevant Illinois Traffic Crash Report the 2000 Ford Crown Victoria operated by Thomas McFadden was owned by Thomas McFadden, 1618 Home, Berwyn, IL 60402.

23. Were you the owner and/or driver of the vehicle involved in the occurrence? If so, state whether the vehicle was repaired and, if so, state when, where, by whom, and the cost of the repairs.

Answer: No. I was a fare-paying passenger in a taxicab.

24. What was the purpose and/or use for which the vehicle was being operated at the time of the occurrence?

Answer: The vehicle was being operated as a taxicab for hire.

25. State the names and addresses of all persons who have knowledge of the purpose for which the vehicle was being used at the time of the occurrence.

Answer: **Rose M. Washington-Sanders**
1040 Ontario Street, #21
Oak Park, IL 60302

Thomas McFadden
1618 S. Home
Berwyn, IL 60402

Investigation continues.

26. Pursuant to Illinois Supreme Court Rule 213(f), provide the name and address of each witness who will testify at trial and all other information required for each witness.

Answer: Plaintiff has not yet determined who will be called to offer testimony at trial. Possible witnesses include:

Rose M. Washington-Sanders
1040 Ontario Street, #21
Oak Park, IL 60302

Thomas McFadden
1618 S. Home
Berwyn, IL 60402

Medical Personnel
Oak Park Ambulance Number 613
100 N Euclid Ave
Oak Park, IL 60301

Medical Personnel
Oak Park Ambulance Number 612
100 N Euclid Ave
Oak Park, IL 60301

Oak Park Police Department
Officer #420
123 Madison St
Oak Park, IL 60302

Person most knowledgeable regarding the occurrence

O'Hare Towing
2139 North Mannheim Road
Northlake, IL 60164

Treating physicians and medical personnel

Loyola University Medical Center
2160 S. First Avenue
Maywood, IL 60153

Treating physicians and medical personnel

West Suburban Medical Center

3 Erie Court
Oak Park, IL 60302

Investigation continues.

27. List the names and addresses of all other persons (other than yourself and persons heretofore listed) who have knowledge of the facts of the occurrence and/or the injuries and damages claimed to have resulted therefrom.

Answer:

Sherlynn Reid

Friend of Plaintiff Rose Washington-Sanders
323 N. Ridgeland
Oak Park, IL 60302

William Montell Washington

Brother to Plaintiff Rose Washington-Sanders
2723 Unicorn Lane, NW
Washington, DC 20015

28. Identify any statements, information and/or documents known to you and requested by any of the foregoing interrogatories which you claim to be work product or subject to any common law or statutory privilege, and with respect to each interrogatory, specify the legal basis for the claim as required by Illinois Supreme Court Rule 201(n).

Answer:

None known at this time. Investigation continues.

Washington-Sanders v. McFadden, et. al.
No. 07 L 013584

SPECIALS SUMMARY

Village of Oak Park
P.O. Box 1368
Elmhurst, IL 60126

09/23/07 Extrication and ALS Transport to Loyola Medical Center	1,670.00
Total:	\$1,670.00

Superior Air Ground Ambulance, Inc.
P.O. Box 1407
Elmhurst, IL 60126

10/08/07 Transport	899.00
10/16/07 BLS Transport from Loyola to West Suburban Hospital	913.63
11/05/07	899.00
11/15/07	1,798.00
11/21/07	899.00
11/26/07	899.00
Total:	\$6,307.00

West Suburban Medical Center
3 Erie Court
Oak Park, IL 60302

10/08/07 - 02/15/08 Admission	207,549.55
12/21/07 Sterile Supply	532.12
12/21/07 Physical Therapy, Active Wound Care	171.72
12/23/07 Sterile Supply	121.90
12/26/07 Sterile Supply	616.92
12/26/07 Physical Therapy, Active Wound Care	171.72
01/4/08 Sterile Supply	685.82
01/04/08 Physical Therapy, Active Wound Care	171.72
02/06/08 Ultrasound, Head and Neck	719.74
Total:	\$210,741.21

Loyola University Medical Center
2160 S. First Avenue
Maywood, IL 60153

09/23/07 - 10/08/07 Admission	271,724.89
10/16/07 Radiology and Cast Room	675.01
11/15/07 Radiology, Supplies, and Occupational Therapy Eval	1,155.03
Total:	\$273,554.93

MEDICAL SUMMARY

Page 2
Prepared: 10/21/8**Walgreens**

02/08/08 Commode and Transfer Bench	240.33
02/15/08 Amlodipine Besylate 5mg Tablets	34.99
02/15/08 - 10/04/08 Vitamin C 500mg Tablets	29.53
02/15/08 - 08/24/08 Aspirin 81mg EC Tablets	24.43
02/15/08 - 06/27/08 Furosemide 20mg Tablets	81.43
02/15/08 - 10/06/08 Gabapentin 100mg Capsules	529.92
04/23/08 - 05/12/08 Hydrocodone	40.78
06/18/08 F WLG 10Sec Therm	10.79
06/24/08 Amox-Clav 875mg Tablets	64.99
07/07/08 1 Dressing Gauze 4x4 12 PL	10.99
07/07/08 6 Polymem Dressing Pad 4x	47.94
07/07/08 1 Abd Pads Ster 7&1/2x8	8.99
07/07/08 1 Tape Durapore Cloth 2"x	4.99
07/26/08 1 Tape Durapore Cloth 2"x	4.99
07/26/08 2 Stocking Knee 8-15mm	14.99
08/11/08 1 Drsng Bndg Cnfrmng NS 4	15.28
08/30/08 2 Tape Micropore 2"x 10yd	7.98
08/30/08 1 Gauze Conform 4" Ster 12	13.99
09/04/08 Lidoderm 5% Patch 30's	212.99
10/07/08 Flector 1.3 Patch	146.99
Total:	\$1,547.31

Illinois MedicarP.O. Box 1407
Elmhurst, IL 60126

02/09/08 Transport from Home to Physician Appointment	36.00
02/09/08 Transport from Physician Appointment to Home	36.00
02/15/08 Transport from Physician Appointment to Home	36.00
Total:	\$180.00

Value City Furniture2100 159th Street
Calumet City, IL 60409

02/28/08 Pwr Lift Reclnr (lift chair)	633.73
Total:	\$633.73

MEDICAL SUMMARY

Page 3
Prepared: 10/21/8

The Competitive Foot
102 N. Marion
Oak Park, IL 60301

07/07/08 2 Pairs Shoes	<u>215.03</u>
Total:	\$215.03

Rehabilitation and Sports Medicine Center at West Suburban Hospital
7411 W. Lake Street, Suite 2190
River Forest, IL 60305

Amount requested.

TOTAL EXPENSES TO DATE:	\$494,849.21
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The aforementioned records and related expenses are incomplete, Plaintiff reserves the right to supplement said documentation as it becomes available. Prepared by JLQ on 10/14/08.
Investigation continues.

PLAINTIFF'S VERIFICATION

The undersigned, under penalties as provided by law pursuant to Fed. R. Civ. P. 33(b) certifies that the statements set forth herein are true and correct, except as to matters stated to be on information and belief and, as to such matters, certifies as aforesaid that she verily believes the same to be true.

Dated: August 28, 2008

Rose Washington-Sanders
Rose Washington Sanders

Attorney for Plaintiff:

Larry R. Rogers
Carolyn Daley Scott
POWER ROGERS & SMITH, P.C.
Three First National Plaza
70 W. Madison Street, 55th Floor
Chicago, Illinois 60602
(312) 236-9381
Firm No. 31444